

# Table of Contents

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## **Section A: Introduction**

Important Contacts.....	A.1
Definitions.....	A.2

## **Section B: Nondurable Medical Equipment and Medical Supplies**

About the Program.....	B.1
Who is eligible to be reimbursed for providing nondurable medical equipment and supplies? .....	B.1

## **Section C: Client Eligibility**

Who is eligible? .....	C.1
Who is not eligible? .....	C.1
Are clients enrolled in managed care eligible to receive nondurable medical equipment and supplies? .....	C.2

## **Section D: Coverage/Limitations**

What is covered?.....	D.1
Specifications and Limitations for Disposable Incontinent Products .....	D.3
What is not covered?.....	D.5

## **Section E: Prior Authorization**

Items and services which require prior authorization .....	E.1
How do providers obtain prior authorization? .....	E.1
What is Expedited Prior Authorization? .....	E.3
Expedited Prior Authorization Criteria Coding List .....	E.4

## **Section F: Fee Schedule**

A Few Notes About the Fee Schedule .....	F.1
------------------------------------------	-----

## **Section G: Billing**

What is the time limit for billing?.....	G.1
What fee should I bill MAA for eligible clients? .....	G.2
How do I bill for services provided to Primary Care Case Management (PCCM) clients? .....	G.2
How do I bill for clients eligible for Medicare and Medicaid?.....	G.3
Third-Party Liability .....	G.6
What records must be kept? .....	G.6

## **Table of Contents (cont.)**

### **Section H: How to Complete the HCFA-1500 Claim Form**

Sample HCFA-1500 Claim Form .....H.6

### **Section I: Medicare Part B/Medicaid Crossovers**

Common Questions Regarding Medicare Part B/  
Medicaid Crossover Claims ..... I.1

How to Complete the HCFA-1500 Claim Form for  
Medicare Part B/Medicaid Crossovers ..... I.3

Sample Medicare Part B/Medicaid Crossover Form ..... I.7

# Specifications and Limitations for Disposable Incontinent Products

## Specifications

- All adult and children's diapers, incontinent pants, pull-up training pants, underpads, diaper doublers, and liners/shields must meet the following specifications to be covered by MAA:
  - ✓ Padding provides uniform protection.
  - ✓ Product is hypoallergenic.
  - ✓ Adhesives and glues used during construction are not water-soluble and form continuous seals at the edges of the absorbent core to minimize leakage.
  - ✓ All materials used in construction of the product are safe for clients' skin and are harmless if ingested.
  - ✓ Product meets flammability requirements of both federal law and industry standards.
- **In addition to the above**, the following specifications must be met for each of the following types of products:
  - ✓ **Adult Briefs/Children's Diapers**
    - Hourglass shaped with formed leg contours.
    - Absorbent filler core is at least ½ inch from elastic leg gathers.
    - Leg gathers consist of at least three strands of elasticized materials.
    - Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
    - Backsheet is moisture impervious; at least 1 mm thickness designed to protect clothing and linens.
    - Topsheet resists moisture return to skin.
    - There are at least four refastenable tapes (two on each side) for briefs; two refastenable tapes (one on each side) for diapers. The tapes should have an adhesive coating that will release from the backsheet without tearing it. The tape adhesive permits a minimum of three fastening/unfastening cycles or has a continuous waistband or side panels with a tear away feature.
    - Inner lining is made of soft, absorbent material.

(Briefs and diapers should have a wetness indicator that clearly indicates degree of wetness.)

✓ **Pull-up Training Pants/Incontinent Pants**

- Made like regular underwear with an elastic waist.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious, at least 1 mm thickness, designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- Inner lining is made of soft, absorbent material.

(Should have a wetness indicator that clearly indicates degree of wetness.)

✓ **Underpads**

- Absorbency layer is within 1½ inches from the edge of the underpad.
- Manufactured with a waterproof backing material and withstands temperatures not to exceed 140° F.
- Covering or facing sheet is made with non-woven, porous materials having a high degree of permeability allowing fluids to pass through and into absorbent filler. Patient contact surface is soft and durable. Filler material is highly absorbent: fluff filler, with polymers, heavy weight fluff filler or equivalent.
- Four-ply, non-woven facing, sealed on all four sides.

✓ **Liners/Shields (Including pads and undergarments)**

- Product has channels to direct fluid throughout the absorbent area, and gathers to assist in controlling leakage, and/or is contoured to permit a more comfortable fit.
- Product has a waterproof backing to protect clothing and linens.
- Inner liner resists moisture return to skin.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Undergarments may be belted or unbelted.
- Undergarments are to be contoured for good fit, with three elastic gathers per leg.
- Product has pressure sensitive tapes on reverse side to fasten to underwear.

**Limitations:**

- The monthly quantity limitation is a maximum allowance. The client is to receive only the amount medically necessary for one month.
- Disposable diapers or pants or rental of reusable diapers or pants are not to be allowed in combination with any other disposable diapers or pants or reusable diapers or pants with the following exception:
  - ✓ Modifier “DY,” to designate daytime only usage, may be used to allow a combination of diapers, pants, and liners. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- Undergarments are to be billed as liners/pads, not diapers or incontinent pants.
- Liners/pads will not be allowed in combination with any disposable diapers, pants or rental of re-useable diapers or pants with the following exception:
  - ✓ Modifier “DY,” to designate daytime only usage, may be used to allow a combination of liners, diapers, and pants. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- Underpads are for use on client’s bed for incontinence protection only.
- Diaper doublers require prior authorization. Also see expedited prior authorization criteria on pages E.4 and E.5.
- Any exception to these limitations requires prior authorization.

## **What is not covered? (Refer to WAC 388-543-1300)**

MAA specifically excludes services and equipment in this billing instruction from fee-for-service (FFS) scope of coverage when the services and equipment do not meet the definition for a covered item, or the services are not typically medically necessary. This exclusion does not apply if the services and equipment are:

- √ Required under the EPSDT/Healthy Kids program;
- √ Included as part of a managed care plan service package;
- √ Included in a waived program; or
- √ Part of one of the Medicare programs for Qualified Medicare Beneficiaries.

MAA specifically excludes the following services and equipment from fee-for-service scope of coverage:

- √ Services, procedures, treatment, devices, drugs, or the application of associated services that the department of the Food and Drug Administration (FDA) and/or the Health Care Financing Administration (HCFA) consider investigative or experimental on the date the services are provided;
- √ Any service specifically excluded by statute;
- √ More costly services or equipment when MAA determines that less costly, equally effective services or equipment are available;
- √ Bilirubin lights, except as rentals, for at-home newborns with jaundice;
- √ Procedures, prosthetics, or supplies related to gender dysphoria surgery;
- √ Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves;

## Nondurable Medical Equipment and Medical Supplies

√ Non-medical equipment, supplies, and related services, including but not limited to, the following:

- Cleaning brushes and supplies, except for ostomy-related cleaners/supplies;
- Identification bracelets;
- Instructional materials, such as pamphlets and videotapes;
- Recreational equipment;
- Room fresheners/deodorizers;
- Sitz bath, bidet or hygiene systems, paraffin bath units, and shampoo rings;
- Timers or electronic devices to turn things on or off;
- Carpet cleaners/deodorizers, and/or pesticides/insecticides; or

√ Personal and comfort items including, but not limited to, the following:

- Bathroom items, such as antiperspirant, astringent, bath gel, conditioner, deodorant, moisturizers, mouthwash, powder, sanitary napkins (e.g., Kotex), shampoo, shaving cream, shower cap, shower curtains, soap, toothpaste, towels, and weight scales;
- Bedding items, such as bed pads, blankets, mattress covers/bags, pillows, and sheets;
- Bedside items, such as bed trays, carafes, and over-the-bed tables;
- Clothing and accessories, such as coats, gloves (including wheelchair gloves), hats, scarves, slippers, and socks;
- Clothing protectors and other protective cloth furniture coverings as protection against incontinence;
- Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, sun screens, and tanning;
- Diverter valves for bathtub;
- Eating/feeding utensils;
- Emesis basins, enema bags, and diaper wipes;
- Hot or cold temperature food and drink containers/holders;
- Hot water bottles and cold/hot packs or pads;
- Insect repellants;
- Massage equipment;
- Medication dispensers, such as med-collators and count-a-dose, except as obtained under the compliance packaging program. See chapter 388-530 WAC;

## **Nondurable Medical Equipment and Medical Supplies**

- Medicine cabinet and first aid items, such as adhesive bandages (e.g., Band-Aids, Curads), cotton balls, cotton-tipped swabs, medicine cups, thermometers, and tongue depressors;
- Page turners;
- Telephones, telephone arms, cellular phones, electronic beepers, and other telephone messaging services; and
- Toothettes and toothbrushes, waterpics, and peridental devices whether manual, battery-operated, or electric.



## What is Expedited Prior Authorization?

The expedited prior authorization process (EPA) is designed to eliminate the need for written and telephonic requests for prior authorization for selected nondurable medical equipment.

To bill MAA for medical supplies and equipment (MSE) that meet the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000**. The last 3 digits must be the code number of the product for the documented medical condition that meets the EPA criteria. Enter the EPA number on the HCFA-1500 claim form in the **Authorization Number** field or in the **Authorization** or **Comments** field when billing electronically.

**Example:** The 9-digit EPA number for hydrophilic catheters for a client that meets all of the EPA criteria is **870000850** (870000 = first 6 digits, 850= product for the documented medical condition).

**Vendors are reminded that EPA numbers are for only those products listed on pages E.4 and E.5.** EPA numbers are not valid for:

- Other MSE requiring prior authorization through the MSE program;
- Products for which the documented medical condition does not meet all of the specified criteria; or
- Other over-limitation requests.

If the medical condition does not meet all of the specified criteria, the vendor is required to obtain prior authorization by submitting a request in writing to the Quality Utilization Section (QUS) or by calling the authorization toll-free number at 1-800-292-8064. (See *Important Contacts*.)

### **Expedited Prior Authorization Guidelines:**

- **Medical Justification (criteria)** - All information must come from the client's prescribing physician or therapist with an appropriately completed prescription. Information obtained from the client or someone on behalf of the client (e.g. family) will not be accepted.
- **Documentation** - The billing provider **must keep** documentation of the criteria in the client's file. This documentation must be readily available for inspection by MAA staff conducting a post-pay audit. Documentation must be kept on file for six (6) years (WAC 388-502-0020). It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the previous 30 days.



**Please note:** Upon audit, if all specified criteria are not met, MAA has the authority to recoup any payments made. (WAC 388-502-0240)

## Washington State Expedited Prior Authorization Criteria Coding List

Code	Criteria	Code	Criteria
<b>Urological Supplies</b>			
<b>Procedure Code: 4350A</b>			
<b>850</b>	<b>Hydrophilic Intermittent Catheter (such as Lo-Fric), straight, each.</b> Up to 180 per month if <u>any</u> one criterion listed under the following 3 categories for clients is met:		
<b>1) SURGERY PROCEDURES</b>			
	<b>Urologic/surgery procedures</b> create catheterizable channels and are susceptible to catheter induced trauma/pain and bacterial infections. Decreases potential for channel trauma and resultant stenosis:		
	a) <b>Mitrofanoff channels;</b>	d) <b>Tight or spastic sphincters;</b>	
	b) <b>Urethral reconstruction;</b>	e) <b>History of surgically closed urethra and inability to catheterize</b> causing a life-threatening emergency;	
	c) <b>Bladder neck reconstruction;</b>	f) <b>Urethral trauma</b> in patients on long term intermittent catheterization;	
	d) <b>Urinary diversion;</b>	g) <b>Valve abrasion in patients with posterior urethral valves</b> (neonates);	
	e) <b>Surgery after bladder tumor</b> when the client could no longer self-catheterize without difficulties and urologist is suggesting channel surgery;	h) <b>Severe urethral complications and prevention of scar tissue from building up in urethra</b> (Difficulty passing a conventional catheter due to pain strictures or abnormal anatomy);	
	f) <b>Cloacal exstrophy with a rebuilt bladder from stomach;</b>	i) <b>Neurogenic bladder with meningomyelocele;</b>	
	g) <b>Construction of female urethra</b> from the vaginal wall and perineal flap;	j) <b>Bladder outlet obstruction with a tortuous urethra;</b>	
	h) <b>Reconstructed posterior urethra;</b>	k) <b>Incomplete severance of urethra and destruction of the distal urethral control mechanism</b> with unsuccessful operation to reestablish continuity of urethra. Development of a narrow urethral stricture at the anastomosis.	
	i) <b>Catheterizable suprapubic stoma made out of appendi.</b>		
<b>2) URETHRAL OBSTRUCTIONS</b>		<b>3) PREVENTION OF SURGERY (Mitrofanoff procedure or avoid other major surgical procedure)</b>	
	a) <b>Urethral strictures;</b>	a) <b>Neurogenic bladder and the associated sequelae</b> resulting in urethral trauma/pain and inability to cath;	
	b) <b>False passages/ridges;</b>	b) <b>Percutaneous suprapubic tube;</b>	
	c) <b>Bladder neck deformation;</b>	c) <b>Stricture problems in catheterizable stoma;</b>	
		d) <b>Client has catheterizable stoma and hydrophilic catheters</b> would prevent stricture problems and surgery.	

## Washington State Expedited Prior Authorization Criteria Coding List

Code	Criteria	Code	Criteria
<b>Procedure Code: 4621A</b>			
<b>851</b>	<b>Diaper doublers, each (age 3 and up). Included in nursing facility daily rate.</b>		
	Up to 90 per month if product is used for extra absorbancy at nighttime only.		
<b>852</b>	<b>Diaper doublers, each (age 3 and up). Included in nursing facility daily rate.</b>		
	Up to equal amount of diapers/briefs received if <u>one</u> of the following criteria for clients is met:		
	1) Tube fed;		
	2) On diuretics or other medication that causes frequent/large amounts of output;		
	3) Brittle diabetic with blood sugar problems.		



**Please note for all EPA criteria listed in this memo:**

- 1) If the medical condition does not meet all of the specified criteria, prior authorization must be obtained by submitting a request in writing to QUS (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the previous 30 days.
- 3) For extension of authorization beyond the EPA amount allowed, the normal prior authorization process is required.
- 4) Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including all of the specified criteria) must be documented in the client's file.
- 5) You may bill for only one procedure code, per client, per month.

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# Fee Schedule

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## A Few Notes About the Fee Schedule

### Procedure Code Description

The description of each code will tell you when:

- Prior authorization is required;
- Expedited prior authorization criteria is available;
- There are specific limitations;
- Codes are not allowed in combination with primary code;
- An item is taxable;
- An item is included in the nursing facility daily rate; and
- One of the following modifiers is required:
  - ✓ ZX – Insulin Dependent;
  - ✓ KS – Non-Insulin Dependent;
  - ✓ RP – Replacement;
  - ✓ RR – Rental;
  - ✓ 1P – Purchase;
  - ✓ X1-X9 See “Dressings,” pg. F.5; or
  - ✓ DY See “Specifications and Limitations for Disposable Incontinent Products”  
page D.5 and “Urological Supplies” page F.20.

### Maximum Allowance

The maximum dollar amount payable by MAA is indicated in the *Maximum Allowable* column.

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

**COMPLIANCE PACKAGING**

(Billable only by pharmacists for non-institutionalized at-risk clients.)

4800A	Reusable compliance device/container (e.g., medisets, weekly minders, etc.) Included in nursing facility daily rate. <b>Limit of four fills per client, per year.</b>	\$6.00
4801A	Reusable compliance device/container filling fee. Included in nursing facility daily rate. <b>Limit of four fills per month, per client.</b>	\$2.50
4802A	Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.) <b>Limit of four per month, per client.</b>	\$3.00
4804A	Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.). Included in nursing facility rate. <b>Limit of four per year, per client.</b>	\$16.91



**Note:** Providers may bill procedure codes 4800A and 4804A in any combination, but not to exceed a total of 4 per year.

**EMERGENCY CONTRACEPTION PILLS (ECP) COUNSELING**

(Billable only by pharmacists who meet Board of Pharmacy protocols.)

4805A	ECP Counseling	\$13.50
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**SYRINGES AND NEEDLES**


A4215	Needles only, sterile, any size. Included in nursing facility daily rate.	65%
A4322	Irrigation syringe, bulb or piston, any size, each. Included in nursing facility daily rate.	\$2.90
4803A	All disposable syringes, each. Included in nursing facility daily rate.	\$0.20

**BLOOD MONITORING/TESTING SUPPLIES**


**Limited to one (1) month's supply**

A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. Included in nursing facility daily rate. <b>Modifier ZX or KS required.</b>	\$33.19
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**Nondurable Medical Equipment  
and Medical Supplies**

<b>Procedure Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
 <b>Billing provision limited to one (1) month's supply.</b>		
A4391	Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each. <b><u>Maximum of 10 allowed per client per month.</u></b>	\$6.74
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each. <b><u>Maximum of 10 allowed per client per month.</u></b>	\$6.34
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each. <b><u>Maximum of 10 allowed per client per month.</u></b>	\$8.75
A4397	Irrigation supply; sleeve. <b><u>Maximum of one (1) allowed per client per month.</u></b>	\$4.57
A4398	Ostomy irrigation supply; bag, each. <b><u>Maximum of two (2) allowed per client every 6 months.</u></b>	\$13.17
A4399	Ostomy irrigation supply, cone/catheter, including brush. <b><u>Maximum of two (2) allowed per client every 6 months.</u></b>	\$11.01
A4404	Ostomy ring, each. <b><u>Maximum of 10 allowed per client per month.</u></b>	\$1.61
A4421	Ostomy supply; miscellaneous. <b>Prior Authorization required.</b>	65%
A4455	Adhesive remover or solvent (for tape, cement, or other adhesive), per ounce. <b><u>Maximum of 3 allowed per client per month.</u></b>	\$1.36
A5051	Pouch, closed; with barrier attached (one piece). <b><u>Maximum of 60 allowed per client per month.</u></b>	\$2.21
A5052	Pouch, closed; without barrier attached (one piece). <b><u>Maximum of 60 allowed per client per month.</u></b>	\$1.59
A5053	Pouch, closed; for use on faceplate. <b><u>Maximum of 60 allowed per client per month.</u></b>	\$1.66
A5054	Pouch, closed; for use on barrier with flange (two piece). <b><u>Maximum of 60 allowed per client per month.</u></b>	\$1.61
A5055	Stoma cap. <b><u>Maximum of 30 allowed per client per month.</u></b>	\$1.37
<div> <div>(Revised March 2001)</div> <div>- F.15 -</div> <div>Fee Schedule</div> </div> <div># Memo 01-06 MAA</div>		

**Nondurable Medical Equipment  
and Medical Supplies**

<b>Procedure Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
 <b>Billing provision limited to one (1) month's supply.</b>		
A5061	Pouch, drainable; with barrier attached (one piece). <b><u>Maximum of 20 allowed per client per month.</u></b>	\$2.45
A5062	Pouch, drainable; without barrier attached (one piece). <b><u>Maximum of 20 allowed per client per month.</u></b>	\$2.00
A5063	Pouch, drainable; for use on barrier with flange (two piece). <b><u>Maximum of 20 allowed per client per month.</u></b>	\$2.07
A5071	Pouch, urinary, with barrier attached (one piece). <b><u>Maximum of 20 allowed per client per month.</u></b>	\$3.96
A5072	Pouch, urinary, without barrier attached (one piece). <b><u>Maximum of 20 allowed per client per month.</u></b>	\$3.36
A5073	Pouch, urinary, for use on barrier with flange (two piece). <b><u>Maximum of 20 allowed per client per month.</u></b>	\$2.99
A5081	Continent device; plug for continent stoma. <b><u>Maximum of 30 allowed per client per month.</u></b>	\$2.67
A5082	Continent device; catheter for continent stoma. <b><u>Maximum of one (1) allowed per client per month.</u></b>	\$9.68
A5093	Ostomy accessory, convex insert. <b><u>Maximum of 10 allowed per client per month.</u></b>	\$1.86
A5119	Skin barrier; wipes, box per 50 (for ostomy only).	\$10.03
A5121	Skin barrier, solid, 6 x 6 or equivalent, each, (for ostomy only).	\$7.12
A5122	Skin barrier, solid, 8 x 8 or equivalent, each (for ostomy only).	\$11.66
A5123	Skin barrier, with flange (solid, flexible, or accordion), any size, each (for ostomy only).	\$5.41
A5126	Adhesive or non-adhesive; disc or foam pad. <b><u>Maximum of 10 allowed per client per month.</u></b>	\$1.10



## Specifications and Limitations for Disposable Incontinent Products

### Specifications

- All adult and children diapers, incontinent pants, pull-up training pants, underpads, diaper doublers, and liners/shields must meet the following specifications to be covered by MAA:
    - ✓ Padding provides uniform protection.
    - ✓ Product is hypoallergenic.
    - ✓ Adhesives and glues used during construction are not water-soluble and form continuous seals at the edges of the absorbent core to minimize leakage.
    - ✓ All materials used in construction of the product are safe for clients' skin and are harmless if ingested.
    - ✓ Product meets flammability requirements of both federal law and industry standards.
  - **In addition to the above**, the following specifications must be met for each of the following types of products:
    - ✓ **Adult Briefs/Children's Diapers**
      - Hourglass shaped with formed leg contours.
      - Absorbent filler core is at least ½ inch from elastic leg gathers.
      - Leg gathers consist of at least three strands of elasticized materials.
      - Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
      - Backsheet is moisture impervious; at least 1 mm thickness designed to protect clothing and linens.
      - Topsheet resists moisture return to skin.
      - There are at least four refastenable tapes (two on each side) for briefs; two refastenable tapes (one on each side) for diapers. The tapes should have an adhesive coating that will release from the backsheet without tearing it. The tape adhesive permits a minimum of three fastening/unfastening cycles or has a continuous waistband or side panels with a tear away feature.
      - Inner lining is made of soft, absorbent material.
- (Briefs and diapers should have a wetness indicator that clearly indicates degree of wetness.)

✓ **Pull-up Training Pants/Incontinent Pants**

- Made like regular underwear with an elastic waist.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious, at least 1 mm thickness designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- Inner lining is made of soft, absorbent material.

(Should have a wetness indicator that clearly indicates degree of wetness.)

✓ **Underpads**

- Absorbency layer is within 1½ inches from the edge of the underpad.
- Manufactured with a waterproof backing material and withstands temperatures not to exceed 140° F.
- Covering or facing sheet is made with non-woven, porous materials having a high degree of permeability allowing fluids to pass through and into absorbent filler. Patient contact surface is soft and durable. Filler material is highly absorbent: fluff filler, with polymers, heavy weight fluff filler or equivalent.
- Four-ply, non-woven facing, sealed on all four sides.

✓ **Liners/Shields (Including pads and undergarments)**

- Product has channels to direct fluid throughout the absorbent area, and gathers to assist in controlling leakage, and/or is contoured to permit a more comfortable fit.
- Product has a waterproof backing to protect clothing and linens.
- Inner liner resists moisture return to skin.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Undergarments may be belted or unbelted.
- Undergarments are to be contoured for good fit, with three elastic gathers per leg.
- Product has pressure sensitive tapes on reverse side to fasten to underwear.

**Limitations:**

- The monthly quantity limitation is a maximum allowance. The client is to receive only the amount medically necessary for one month.
- Disposable diapers or pants or rental of reusable diapers or pants are not to be allowed in combination with any other disposable diapers or pants or reusable diapers or pants with the following exception:
  - ✓ Modifier “DY,” to designate daytime only usage, may be used to allow a combination of diapers, pants, and liners. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- Undergarments are to be billed as liners/pads, not diapers or incontinent pants.
- Liners/pads will not be allowed in combination with any disposable diapers, pants or rental of re-useable diapers or pants with the following exception:
  - ✓ Modifier “DY,” to designate daytime only usage, may be used to allow a combination of liners, diapers, and pants. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- Underpads are for use on client’s bed for incontinence protection only.
- Diaper doublers require prior authorization. Also see expedited prior authorization criteria on pages E.4 and E.5.
- Any exception to these limitations requires prior authorization.

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**


**UROLOGICAL SUPPLIES**

A4214	Sterile saline or water, 30 cc vial. Included in nursing facility daily rate.	\$1.42
A4310	Insertion tray without drainage bag and without catheter (accessories only). <b><u>Maximum of 120 per client, per month.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354, K0281.</i>	\$7.37
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Included in nursing facility daily rate. <b><u>Maximum of 3 allowed per client per month.</u></b> <i>Not allowed in combination with code A4310 or A4338, K0281.</i>	\$14.16
A4312	Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone. Included in nursing facility daily rate. <b><u>Maximum of 3 allowed per client per month.</u></b> <i>Not allowed in combination with code A4310 or A4344.</i>	\$16.36
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. <b><u>Maximum of 3 allowed per client per month.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with code A4310 or A4346, K0281.</i>	\$16.36
A4314	Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Included in nursing facility daily rate. <b><u>Maximum of 3 allowed per client per month.</u></b> <i>Not allowed in combination with code A4310, A4311, A4338, A4354, A4357, or K0280-K0281.</i>	\$24.12
A4315	Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone. Included in nursing facility daily rate. <b><u>Maximum of 3 allowed per client per month.</u></b> <i>Not allowed in combination with code A4310, A4312, A4344, A4354, A4357, or K0280-K0281.</i>	\$25.17
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. Included in nursing facility daily rate. <b><u>Maximum of 3 allowed per client per month.</u></b> <i>Not allowed in combination with code A4310, A4313, A4346, A4354, A4357, or K0280-K0281.</i>	\$27.09


**Nondurable Medical Equipment  
and Medical Supplies**

<b>Procedure Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
 <b>Billing provision limited to one (1) month's supply.</b>		
A4320	Irrigation tray with bulb or piston syringe, any purpose. Included in nursing facility daily rate. <b><u>Maximum of 30 allowed per client per month.</u></b> <i>Not allowed in combination with code A4322, A4355.</i>	\$5.08
A4322	Irrigation syringe, bulb or piston, each. Included in nursing facility daily rate. <i>Not allowed in combination with code A4320, A4355.</i>	\$2.90
A4323	Sterile saline irrigation solution, 1000 ml. Included in nursing facility daily rate.	\$8.37
A4326	Male external catheter, specialty type (e.g., inflatable, faceplate, etc.), each. <b><u>Maximum of 60 allowed per client per month.</u></b> Included in nursing facility daily rate.	\$10.29
A4327	<del>Female external urinary collection device; meatal cup, each. Included in nursing facility daily rate.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$40.32
A4328	<del>Female external urinary collection device; pouch, each. Included in nursing facility daily rate.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$9.97
A4330	Perianal fecal collection pouch with adhesive, each. Included in nursing facility daily rate.	\$6.82
A4338	Indwelling catheter, Foley type, two-way latex, with coat (Teflon, silicone, silicone elastomer, hydrophilic, etc.), each. <b><u>Maximum of 3 allowed per client per month.</u></b> Included in nursing facility daily rate.	\$11.70
A4340	Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each. <b><u>Maximum of 3 allowed per client per month.</u></b> Included in nursing facility daily rate.	\$30.28
A4344	Indwelling catheter, Foley type, two-way, all silicone. <b><u>Maximum of 3 allowed per client, per month.</u></b> Included in nursing facility daily rate.	\$15.28
A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each. <b><u>Maximum of 3 allowed per client, per month.</u></b> Included in nursing facility daily rate.	\$15.89

**Nondurable Medical Equipment  
and Medical Supplies**

<b>Procedure Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
 <b>Billing provision limited to one (1) month's supply.</b>		
4350A	Hydrophilic Intermittent Catheter (such as Lo-Fric), straight, each. <b><u>See Expedited Authorization criteria. Not allowed in combination with any other catheter or insertion tray.</u></b>	\$3.70
A4351	Intermittent urinary catheter; straight tip, each. <b><u>Maximum of 120 allowed per client per month.</u></b>	\$1.73
A4352	Intermittent urinary catheter; coude (curved) tip, each. <b><u>Maximum of 120 allowed per client per month.</u></b>	\$6.12
A4353	Urinary intermittent catheter with insertion supplies. <b><u>Maximum of 120 allowed per client per month.</u></b> <i>Not allowed in combination with A4310, A4351-A4352, 4350A.</i>	\$6.67
A4354	Insertion tray with drainage bag but without catheter. Included in nursing facility daily rate. <b><u>Maximum of 3 allowed per client per month.</u></b> <i>Not allowed in combination with A4310, A4357, or K0280-K0281.</i>	\$9.56
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter. <b><u>Maximum of 30 allowed per client per month.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with A4320, A4322.</i>	\$8.50
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each. Included in nursing facility daily rate. <b><u>Maximum of two (2) allowed per client per year.</u></b>	\$36.99
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each. Included in nursing facility daily rate. <b><u>Maximum of two (2) allowed per client per month.</u></b> <i>Not allowed in combination with code K0280, A4314-A4316 or A4354.</i>	\$9.25
A4358	Urinary leg bag, vinyl, with or without tube, each. Included in nursing facility daily rate. <b><u>Maximum of two (2) allowed per client per month.</u></b> <i>Not allowed in combination with code A5113, A5114, or K0280.</i>	\$6.15
A4359	Urinary suspensory without leg bag. Included in nursing facility daily rate. <b><u>Maximum of two (2) allowed per client per month.</u></b>	\$28.68
A4402	Lubricant, per ounce. Included in nursing facility daily rate. (For insertion of urinary catheters.)	\$1.52

**Nondurable Medical Equipment  
and Medical Supplies**

<b>Procedure Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
 <b>Billing provision limited to one (1) month's supply.</b>		
A4554	Disposable underpads for beds, all sizes (e.g., Chux's). <b><u>Maximum of 180 pieces allowed per client per month.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with code 4521A (IP) or 4521A (RR).</i>	\$0.39
A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each. Included in nursing facility daily rate. <b><u>Maximum of two (2) allowed per client per 6 months.</u></b>	\$21.53
A5105	Urinary suspensory, with leg bag, with or without tube. Included in nursing facility daily rate. . <b><u>Maximum of two (2) allowed per client per month.</u></b> <i>Not allowed in combination with code A4358, A4359, A5112, A5113, A5114, or K0280</i>	\$38.88
A5112	Urinary leg bag; latex. Included in nursing facility daily rate. <b><u>Maximum of one (1) allowed per client per month.</u></b> <i>Not allowed in combination with code A5113 or A5114.</i>	\$33.02
A5113	Leg strap; replacement only, latex, per set. Included in nursing facility daily rate. RP modifier required.	\$4.48
A5114	Leg strap, foam or fabric, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$8.52
4521A-1P	Reusable large underpad for beds purchase. <b><u>Limit 42 per year.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with code A4554 or 4521A (RR).</i>	\$12.19
4521A-RR	Reusable large underpad for beds rental. <b><u>Limit 90 per month.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with code A4554 or 4521A (IP).</i>	\$0.44
4610A	Diapers, disposable, child's small, each. (3-18 years of age). <b><u>Maximum of 300 diapers purchased per client per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.24

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

4611A	Diapers, disposable, child's medium, each. (3-18 years of age). <b><u>Maximum of 300 diapers purchased per client per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.32
4612A	Diapers, disposable, child's large, each. (3-18 years of age). <b><u>Maximum of 300 diapers purchased per client per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.39
4616A-1P	Diaper, cloth, reusable child's, any size, each. (age 3 and up). <b><u>Maximum of 48 diapers purchased per client per year.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <b>Modifier required.</b>	\$2.65
4616A-RR	Diapers, cloth, reusable child's, any size, each (age 3 and up). <b><u>Maximum of 300 diapers allowed per client per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <b>Modifier required.</b> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.43
4617A	Diapers/briefs, disposable, youth's (3-18 years of age) small, each. <b><u>Maximum of 300 diapers purchased per client per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.65
4618A	Diapers/briefs, disposable, youth's (3-18 years of age) medium, each. <b><u>Maximum of 300 diapers purchased per client, per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.71



**Nondurable Medical Equipment  
and Medical Supplies**


Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

4619A	Diapers/briefs, disposable, youth's (3-18 years of age) large, each. <b><u>Maximum of 300 diapers purchased per client, per month.</u></b> Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. <i><b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b></i>	\$0.91
4620A	Diapers/briefs, disposable, adult's small, each. (age 19 and up). <b><u>Maximum of 240 diapers purchased per client, per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i><b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b></i>	\$0.65
4621A	<b>NEW!</b> Diaper Doublers, each (age 3 and up). Included in nursing facility daily rate. <b><u>See expedited prior authorization criteria on pages E.4 – E.5.</u></b>	\$0.36
4625A	Diapers/briefs, disposable, adult's medium, each. (age 19 and up). <b><u>Maximum of 240 diapers purchased per client, per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i><b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b></i>	\$0.71
4630A	Diapers/briefs, disposable, adult's large, each. (age 19 and up). <b><u>Maximum of 240 diapers purchased per client, per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i><b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b></i>	\$0.91
4640A-1P	Diaper, cloth, reusable adult's, any size, each (age 3 and up). <b><u>Maximum of 36 diapers purchased per client, per year.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <b>Modifier required.</b>	\$4.37

**Nondurable Medical Equipment  
and Medical Supplies**

<b>Procedure Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
 <b>Billing provision limited to one (1) month's supply.</b>		
4640A-RR	Diapers, cloth, reusable, adult's, any size, each (age 3 and up). <b><u>Maximum of 240 diapers allowed per client, per month.</u></b> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <b>Modifier required.</b> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.73
4790A <b>NEW!</b>	Small children's pull-up training pants for children (age 3 and up). <b><u>Maximum of 150 allowed per client per month.</u></b> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.50
4791A <b>NEW!</b>	Medium children's pull-up training pants for children (age 3 and up). <b><u>Maximum of 150 allowed per client per month.</u></b> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.59
4792A <b>NEW!</b>	Large children's pull-up training pants for children (age 3 and up). <b><u>Maximum of 150 allowed per client per month.</u></b> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.66
4795A-1P	Pant, reusable, each. <b><u>Maximum of 4 per client, per year.</u></b> Included in nursing facility daily rate. <b>Modifier 1P required.</b>	\$9.15
4795A-RR	Pant, reusable, each. <b><u>Maximum of 150 per client, per month.</u></b> Included in nursing facility daily rate. <b>Modifier RR required.</b> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.73
4796A	Pant liner/insert (pad) (including undergarments), any size, each. <b><u>Maximum of 240 pieces allowed per client, per month.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.63

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

4797A	Pant, disposable, each (includes pull-ups). <b><u>Maximum of 150 pieces allowed per adult, per month. Maximum of 300 pieces allowed per child, per month.</u></b> Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$1.18
K0280	Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each. <b><i>Not to be used with Procedure Code A4358.</i></b> Included in nursing facility daily rate.	\$3.04
K0281	Lubricant, individual sterile packet, for insertion of urinary catheter, each. Included in nursing facility daily rate.	\$0.12
K0410	Male external catheter, with adhesive coating, each. <b><u>Maximum of 60 allowed per client per month.</u></b>	\$2.07
K0411	Male external catheter, with adhesive strip, each. <b><u>Maximum of 60 allowed per client per month.</u></b>	\$1.72

**BRACES, BELTS, AND SUPPORTIVE DEVICES**

A4490	Surgical stocking above knee length, each. <b><u>Maximum of two (2) pair allowed per client per 6 months.</u></b> (Enter 2 in the unit field for a pair.)	\$21.94
A4495	Surgical stocking thigh length, each. <b><u>Maximum of two (2) pair allowed per client per 6 months.</u></b> (Enter 2 in the unit field for a pair.)	\$35.47
A4500	Surgical stocking below knee length, each. <b><u>Maximum of two (2) pair allowed per client per 6 months.</u></b> (Enter 2 in the unit field for a pair.)	\$21.94
A4510	Surgical stocking full length, each. (Pantyhose style) <b><u>Maximum of two (2) pair allowed per client per 6 months.</u></b>	\$80.63
A4565	Slings. <b><u>Maximum of two (2) allowed per client per year.</u></b>	\$5.99
A4570	Splint. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$14.01
A4572	Rib belt. Included in nursing facility daily rate. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$9.44

**Nondurable Medical Equipment  
and Medical Supplies**

<b>Procedure Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
 <b>Billing provision limited to one (1) month's supply.</b>		
4511A	Graduated compression stockings for pregnancy support, pantyhose style, each. <b><u>Maximum of two (2) pair allowed per client per year.</u></b>	\$92.45
4512A	Custom vascular supports, each. <b><u>Maximum of two (2) allowed per client per 6 months.</u></b>	65%
4513A	Fitting fee for custom vascular supports. <b><u>Maximum of two (2) allowed per client per 6 months.</u></b>	\$15.22
4936A	<del>Shoulder brace, any size, each.</del> <b>Discontinued with dates of service on or after July 1, 2000..</b>	\$12.85
4942A	Lumbosacral brace, any size, each. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$47.61
4943A	<del>Sacroiliac brace, any size, each.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$13.44
4944A	<del>Sacroiliac belt. Included in nursing facility daily rate.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$14.20
4950A	Hernia belt, any size, each. Included in nursing facility daily rate. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$17.78
4951A	<del>Thigh brace, any size, each.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$17.45
4952A	Knee brace; neoprene, nylon or elastic, any size, each. Use Modifier LT or RT. <b><u>Maximum of two (2) allowed per client per year.</u></b>	\$6.63
4953A	Knee brace, hinged bar, any size, each. Use Modifier LT or RT. <b><u>Maximum of two (2) allowed per client per year.</u></b>	\$36.98
4955A	<del>Ankle brace, neoprene, any size, each. Use Modifier LT or RT.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$4.13
4956A	Ankle brace, any material, any size, each. Use Modifier LT or RT. <b><u>Maximum of two (2) allowed per client per year.</u></b>	\$17.70
4957A	<del>Ankle brace, elastic, any size, each. Use Modifier LT or RT.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$13.07

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

4962A	Elbow brace, any size, each. Use Modifier LT or RT. <b><u>Maximum of two (2) allowed per client per year.</u></b>	\$4.67
4964A	Wrist brace plus splint, any size, each. Use Modifier LT or RT. <b><u>Maximum of two (2) allowed per client per year.</u></b>	\$8.52
4967A	<del>Finger splint, curved, each. Included in nursing facility daily rate.</del> <b>Discontinued with dates of service on or after July 1, 2000.</b>	\$2.00
E0942	Cervical head harness/halter. <b><u>Maximum of one (1) allowed per client per year.</u></b> Included in nursing facility daily rate.	\$18.93
E0943	Cervical pillow. <b><u>Maximum of one (1) allowed per client per year.</u></b> Included in nursing facility daily rate.	\$26.39
E0944	Pelvic belt/harness/boot. <b><u>Maximum of one (1) allowed per client per year.</u></b> Included in nursing facility daily rate.	\$40.70
E0945	Extremity belt/harness. Included in nursing facility daily rate. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$42.28

**DECUBITUS CARE PRODUCTS**

4981A	Cushion, gel. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$62.68
4982A	Cushion, sacroiliac. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$29.79
4983A	Cushion, accuback.. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$15.31
0188E	Cushion cover, all sizes. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$15.80
E0188	Synthetic sheepskin pad. Included in nursing facility daily rate. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$17.91
E0189	Lambswool sheepskin pad. Included in nursing facility daily rate. <b><u>Maximum of one (1) allowed per client per year.</u></b>	\$39.87
E0191	Heel or elbow protector, each. Included in nursing facility daily rate. <b><u>Maximum of four (4) allowed per client per year.</u></b>	\$8.10

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

**TRANSCUTANEOUS NERVE STIMULATOR (TENS) SUPPLIES**

**Limited to one (1) month's supply.**

A4558	Conductive paste or gel.	\$5.20
A4595	TENS supplies, 2 lead, per month (includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). <b>2 per month allowed with patient-owned 4-lead TENS unit.</b>	\$27.48
A4630	Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient.	\$5.96
0116E	TENS tape patches for use with carbon rubber electrodes only, each. <b>PURCHASE ONLY. Not allowed in combination with code A4595.</b>	\$0.10
0118E	TENS equipment/supplies not otherwise classified. (Note: this code is not to be used for items such as skin wipes/creams, etc.) <b>Prior Authorization required.</b>	B.R.
0119E	TENS reusable electrodes, self-adhering; up to 2.5" round or 2" x 5" rectangular, carbon rubber electrodes, each. <b>PURCHASE ONLY.</b>	\$3.09
0121E	TENS reusable electrodes, self-adhering, 2" x 6" or larger, each. <b>PURCHASE ONLY.</b>	\$5.49
0123E	TENS carbon rubber use/disposable electrodes, each. <b>PURCHASE ONLY.</b>	\$0.58
0124E	Lead wires, TENS unit, 4 lead, each. <b>PURCHASE ONLY.</b>	\$17.45
0126E	TENS stand alone replacement battery charger, each. <b>PURCHASE ONLY. Not allowed in combination with code A4595.</b>	\$13.17

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

**MISCELLANEOUS SUPPLIES**

0172A	Lice comb, such as LiceOut™ or LeisMeister™ or combs of equivalent quality and effectiveness. <b><u>Maximum of one (1) allowed, per client, per year.</u></b> Included in nursing facility daily rate.	\$12.96
0173A	Non-toxic gel such as LiceOut™ for use with lice combs, per 8 oz. bottle. <b><u>Maximum of one (1) bottle allowed per client per year.</u></b> Included in nursing facility daily rate.	\$11.56
4460A	Unna flex bandage (elastic unnaboot, each)	\$6.99
4529A	Eye patch, (adhesive), wound cover per box of 20. <b><u>Maximum of one (1) box allowed per client per month.</u></b> Included in nursing facility daily rate.	\$5.74
4530A	Eye patch with elastic or tied band or adhesive to be attached to an eyeglass lens, each. Included in nursing facility daily rate. <b><u>Maximum of one (1) allowed per client per month.</u></b>	\$2.42
4555A	Gloves, disposable, non-sterile, each. Included in nursing facility daily rate.	\$0.11
4560A	Gloves, disposable, sterile, per pair. Included in nursing facility daily rate.	\$0.74
4570A	Other medical supplies not listed. <b>Requires prior authorization.</b>	65%
4580A	"Sharps" disposal container for home use, up to one gallon size, each. <b>Limit two per month.</b> Included in nursing facility daily rate.	\$3.71
4991A	Bilirubin light therapy supplies. Payable only when provided with prior authorized bilirubin light. <b><u>Maximum of 5 days supply allowed.</u></b>	\$2.11/ per day
4992A	Metered dose inhaler/aerosol holding chamber without mask	\$23.35
4993A	Metered dose inhaler/aerosol holding chamber with mask	\$29.82

**Nondurable Medical Equipment  
and Medical Supplies**

Procedure Code	Description	Maximum Allowable
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**Billing provision limited to one (1) month's supply.**

0936E	Continuous passive motion softgoods kit. <b><u>Maximum of one (1) allowed with rental of CPM machine.</u></b>	\$36.09
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